


Section 8
Administrator's License Renewal Report
Professional Growth Plan Projection

Section 8 PGP & Experiences Reflection and Modifications	✓ Write a concise reflection on the attainment of the Professional Growth Plan as a whole.	 This form	1-2 pages
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First Renewable License Number:

Write a concise reflection on the attainment of the Professional Growth Plan as a whole. Be sure your reflection includes how all of your experiences relate to all of your goals, taken together. Use additional paper, if needed.

(A) As a result of this submitted plan, your experiences, and the growth that occurred, what goals do you anticipate being a part of your next Professional Growth Plan, and how do you intend to attain them? Identify at least three goals, indicating which goals are being continued from the current plan and any new goals.


(B) Professional Growth Plan for next license renewal (to expire in five years). On the chart below indicate the types of experiences that will be required to attain your goals during the next renewal period.

Related Goals (refer to section A)	Professional Growth Option (refer to Table in Section 4)	Projected Date of Completion

If you wish to modify your projected plan during the renewal cycle, you may do so with the approval of your Professional Growth Team. Please explain the modification and how your goals are affected. The revised plan should be submitted with your renewal report. Approval of the modifications should be documented on the signature page.

Section 9

Signature Page

Section 9 Signature Page	✓ Ask your team members to sign and verify their participation and indicate modifications	 This form	1
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We have read and reviewed all sections of the License Renewal report.

Signature of Mentor Team Leader Date

Signature of District Peer Advisor Date

Signature of University Advisor Date

Date of first modification (if applicable)_____

Signature of Mentor Team Leader Date

Signature of District Peer Advisor Date

Signature of University Advisor Date

Date of second modification (if applicable)_____

Signature of Mentor Team Leader Date

Signature of District Peer Advisor Date

Signature of University Advisor Date